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Ensuring children's rights in Africa

Summary

The present report was prepared in response to Executive Board decision 1997/19 (E/ICEF/1997/12/Rev.1), in which the Board recalled the UNICEF commitment to Africa as the region of greatest need and highest priority, and requested the Executive Director to report in 1999 on progress made in efforts to ensure children's rights to survival, development and protection in Africa.

Following a review of UNICEF experience of support to Africa's children during the decade of the 1990s, the report provides an update of recent trends affecting the rights of children and women on the continent. It describes the current strategic focus of UNICEF work in the main subregions of greatest need, particularly sub-Saharan Africa, and assesses the key areas in which effective partnerships and leadership will be needed if sustained progress is to be achieved.

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I. A decade of investment in Africa's children: directions and lessons learned

1. Childhood in Africa has been in jeopardy for most of this decade. As the continent prepares for the new century, children and women, especially in sub-Saharan Africa, remain acutely vulnerable and exposed to the combined impact of economic crisis, unserviceable international debt, armed conflicts, spreading violence and the unrelenting HIV/AIDS pandemic. To varying degrees, these crises have diverted attention and resources away from the longer-term development efforts of African Governments for investing in children, and from their essential roles in the societal effort to ensure children's and women's rights.

2. Within this challenging context, UNICEF advocacy and programme cooperation during the early part of the decade were centred on the goals adopted in 1990 at the World Summit for Children by world leaders from all continents. With the ratification of the Convention on the Rights of the Child by all African countries, except Somalia, and with the reaffirmation of commitment to the goals for children at the International Conference on Assistance to the African Child which took place in Dakar, Senegal, in 1992, under the auspices of the Organization of African Unity (OAU), most African countries produced national plans of action (NPAs) to implement these goals. In the early 1990s, these and other initiatives encouraged a stronger policy focus in many African countries on the reduction of child death rates, disease and malnutrition as well as the promotion of universal primary education.

3. In several cases, such as Nigeria, South Africa and Uganda, the NPAs for children were extended to local government levels as part of national policies for devolution. The NPAs also helped to strengthen the focus of UNICEF-assisted programmes of cooperation in Africa on the policy environment and intersectoral approaches to achieving results for children. However, the extent to which the NPA initiatives were sustained varied greatly among countries. In some cases, national goals for children, and strategies to achieve them, were integrated in overall development plans. NPAs were valuable for some countries in providing an analytical base for monitoring implementation of the Convention on the Rights of the Child and in mobilizing private sector partners. Elsewhere, however, NPAs were affected by difficulties of costing, weak monitoring and lack of mainstreaming in national planning, or were superseded by outbreaks of conflict.

4. The UNICEF contribution to the achievement of substantial results in some areas of the World Summit goals, such as health, education and clean water, was complemented, particularly in west and central Africa, by the introduction of the Bamako Initiative as a means of addressing more systemic challenges in health service delivery and financing. However, during this period, more limited focus was devoted to growing challenges such as HIV/AIDS and malaria.

5. A mid-decade review presented to the United Nations General Assembly by the Secretary-General in September 1996 showed that, despite impressive progress in areas such as salt iodization, the use of oral rehydration therapy and the reduction of cases of guinea worm, sub-Saharan Africa was generally lagging behind other regions. Immunization coverage rates, for example, had risen rapidly in the early years of the 1990s but had then tended to stagnate. Little overall progress had been registered in goals for school enrolment, sanitation access and the reduction of maternal mortality. The rate of decline in child mortality, while significant, was slower than in other regions. The review also raised concerns on the sustainability of progress and the spread of HIV/AIDS.

6. The unevenness of progress in much of Africa was a major reason for the launching of a global initiative for accelerated achievement of programme priorities within the scope of the World Summit as part of the current UNICEF medium-term plan (MTP) for the period 1998-2001 (E/ICEF/1998/13 and Corr.1). With support from the UNICEF regional offices, a clearer set of priorities has been established, for which it is considered both feasible and urgent that progress be made in sub-Saharan Africa in the remainder of the decade.

7. Many of the mid-term reviews (MTRs) of UNICEF-assisted country programmes in the second half of the 1990s have resulted in a more balanced mix of strategies and a better focusing of objectives. New country programmes of cooperation designed with Governments in sub-Saharan Africa since 1995, such as those in Ghana, Mali, Uganda and the United Republic of Tanzania, have incorporated greater attention to issues of capacity-building, the promotion of positive behavioural change and community participation. These approaches recognize the need to combine continued support to basic services delivery, with improved policies and systems for sustaining progress, and with a more explicit focus on the progressive achievement of children's and women's rights.

8. Strategies for capacity-building are gradually becoming more broad-based, incorporating participatory analysis of the problems and strategic needs of institutions. While training activities have been implemented by almost every UNICEF-assisted programme, they were often focused on centrally-based civil servants and less on local-level capacity development. There is now greater appreciation of the need for systematic preparation, follow-up and assessment of the impact of training. This area continues to face challenges of cost-effectiveness and coordination, as well as difficulties posed by low levels of salaries among government workers which result in, as well as reflect, low public sector productivity.

9. Support to social policy reform, social mobilization and community capacity-building, through promotion of often innovative modes of participation, is taking on increased significance in sub-Saharan Africa within the context of rights-based programming (see the report on programming with a rights perspective (E/ICEF/1999/11) being submitted to the Executive Board at the present session). UNICEF is also increasingly providing assistance to initiatives that address legislative and policy issues related to children's and women's rights. Support to communication has been shifting from a centralized approach towards activities based on audience research, testing and feedback, with community and youth involvement.

10. Meanwhile, the escalating scope of armed conflict in parts of sub-Saharan Africa has often impeded access to children and women for the delivery of basic services and has created additional challenges of ensuring their protection against violence and abuse. Despite the difficulties, in the late 1990s, UNICEF managed to maintain a field-level presence in almost all countries in sub-Saharan Africa and to spearhead efforts for child protection, such as family tracing and reunification, the demobilization and reintegration of child combatants and the restoration of access to basic services, including education. Particularly in the late 1990s, UNICEF has spoken out internationally, at the highest levels, on major violations of children's rights arising from conflicts in Africa. Further in support of the recommendations of the Secretary-General's report on "The Causes of Conflict and the Promotion of Durable Peace and Sustainable Development in Africa" (A/52/871–S/1998/318), UNICEF has promoted children's rights and child protection issues with national leaders as a means of building commitment for peace. Country programmes in Angola, Burundi, Liberia and Mozambique have promoted community awareness of landmines and values of reconciliation in school curricula as part of a broadening range of activities to address the causes and consequences of recurrent conflict in Africa.

II. Current threats and challenges to the rights of Africa's children

11. Large parts of Africa have seen setbacks in their development progress and prospects over the last two years. In many cases, the recovery in economic performance and gains in political stability noted in 1997 have proven fragile and vulnerable to both short-run shocks and structural factors. The stalling of progress is seen in the continued shortfalls in the achievement of the goals of the World Summit for Children and the intensifying threats to the realization of children's and women's rights.

12. The resurgence of armed conflict is having a corrosive effect on these human rights, as well as on the social and economic structures that must sustain them. With an estimated 7.2 million refugees and displaced people, Africa has experienced a growing number of international conflicts. The most extensive of these, in central Africa, has been joined by new conflicts in the Horn of the continent. Civil strife has also spread in coastal west Africa, while individual countries, most dramatically Angola and the Congo, have seen the revival of internal hostilities. Other countries have experienced political instability and widespread institutional weakness. These situations of turmoil have led to wasted resources, destroyed lives and shattered basic service systems.

13. A particular feature of several of these conflicts, such as that in Sierra Leone, has been the targeting of children, both as victims of abuse and for abduction as participants in conflict itself. Shocking manifestations of brutality have been witnessed as social structures have been undermined. Even societies not directly affected by conflict have witnessed growing levels of violence against women and children, particularly in poor urban settlements.

14. A different kind of crisis, greater even than war in its ultimate scope if not in immediate visibility, is that of the HIV/AIDS pandemic and its consequences. December 1998 estimates by the Joint and Co-sponsored United Nations Programme on HIV/AIDS (UNAIDS) confirm that gains over the last three decades in child survival and life expectancy are being undone with unexpected rapidity. Some 83 per cent of all AIDS-related deaths globally have occurred in sub-Saharan Africa, about one quarter of them among children. Evidence of the startling impact of HIV/AIDS and of other adverse trends is accumulating. The

most recent Demographic and Health Survey in Kenya, for example, suggests that child mortality increased by about 40 per cent from the late 1980s to the mid-1990s and is continuing to worsen. In Zambia, the under-five mortality rate is estimated to have increased from 122 per 1,000 live births in 1990 to 202 in 1997. Meanwhile, particularly in parts of eastern and southern Africa, health services are overwhelmed with patients affected by AIDS-related conditions, while health workers, teachers and their families are also personally affected.

15. While the impact of AIDS may not have shown up clearly in macroeconomic statistics, this should not lead to complacency: the economic consequences of the pandemic for millions of individual families are catastrophic. The deaths of productive adults results in loss of basic income, the sale of household assets and often outright destitution. This greatly reduces the ability of families to contribute to realizing the rights of their children. Whether these effects widen existing disparities or not, their impact is to rapidly deepen the poverty of households and communities in large areas of the poorest region in the world.

16. Some parts of the continent, particularly in the common currency zone of west Africa, have seen a modest revival of economic prospects due to improved macroeconomic management. Medium-run prospects for recovery in west Africa may also be strengthened by the current democratization process in Nigeria, its largest nation. For many African countries, however, recent steep falls in world commodity prices are counteracting their improved policies. Very few of them have achieved the levels of investment necessary to transform the production and export base, and for rates of economic growth which will bring more jobs and better livelihoods. Following optimism in 1996, when continental gross domestic product growth was estimated at 4.5 per cent, the likelihood is that the growth of population once again outpaced that of income in 1998.

17. Meanwhile, over 8 million African children — the producers and entrepreneurs of the next decades — have already lost one or both parents to AIDS, and their numbers may grow to 10 million–14 million by the year 2001. Orphaned children and families affected by the loss of breadwinners constitute one of the greatest social welfare challenges in Africa's history. The social, psychological and cultural implications of the phenomenon of orphans in Africa have not yet been well understood. The safety nets required by affected children and families are, even in the best of cases, only partially in place.

18. A lack of open discourse on the stark challenge of the AIDS pandemic persists in many social settings, which hampers the search for decisive responses. There is some evidence that Governments have begun to increase their commitments to investing in basic services, including those related to AIDS awareness and response. However, these efforts continue to be undermined not only by low levels of efficiency in the use of resources, but also by the high proportions of national budgets devoted to debt repayment. Together with often sluggish revenue performance, and some increases in the share of military spending in the last two years, the continued burden of debt servicing reduces the scope for essential spending on children by African Governments.

19. It is not surprising, therefore, that progress in other areas of social and human development has also been limited. Considerable success has been registered since 1997 in some specific areas, including raising polio immunization rates, supported by the introduction by many countries of National Immunization Days; the wider use of vitamin A supplements, which are now received by about 60 per cent of young African children compared to one quarter in 1994; the widespread iodization of traded salt; and the dramatic reduction of guinea worm cases. These achievements now need to be sustained and extended to other key areas for human development. Maternal death rates in much of sub-Saharan Africa remain extraordinarily high, while about one third of young children are under weight for their age and one sixth have low weight at birth.

20. The risks of maternity continue to undermine the rights of African women to safe pregnancy and childbirth. This forms part of a broader set of factors which cause the systematic disadvantage of women, including: inferior social and often legal status; neglect in national policy; lack of political participation; illiteracy; excessive workload; poor nutrition; genital mutilation; early marriage and pregnancy; and unequal access to already limited services. Such factors also put younger women at disproportionate risk of HIV infection.

21. Sustained progress towards the goals of the World Summit for Children is likely to require both improvements in gender equity and a considerable strengthening of public institutions, complemented by community organization and partnerships with civil society. The current challenges are evident in other areas of basic services provision. Overall, less than two thirds of school-age children in sub-Saharan Africa are enrolled in primary education, a situation similar to that of 1990. Poor education quality, weak learning achievement and high drop-out rates are still major challenges despite efforts to adapt curricula, school

timetables and language policies to local needs. Meanwhile, the weakness of public health systems is illustrated by the resurgence, across the continent, of malaria and cholera, as well as the greater incidence of meningitis. These trends also reflect the persistent lack of access among the majority of families to safe water and sanitation, a problem which is rapidly intensifying in urban areas.

22. Inefficiencies in the use of public resources for social development are widely evident in the irregular payment of salaries, unreliable supplies of essential drugs and limited support capacities for the decentralized management of services. Despite those factors, the Bamako Initiative has had success in much of west Africa as well as in the Comoros, Madagascar and Mauritius as a strategy for revitalizing primary health care (PHC). A number of other countries have now initiated systemic reforms as a way of addressing these problems in social development. While positive results for children and women are yet to be realized, these sector-wide approaches may provide the starting point for building the capacity not only to address the needs of individual sectors, but to form wider partnerships for complex development challenges. Such partnerships will need to incorporate a vision of the role and responsibilities of the State in realizing the rights of citizens and meeting the needs of the most disadvantaged.

23. Sector-wide approaches, increased attention to public revenue raising and civil service reforms leading to improved pay and performance management are among the initiatives being taken by Governments to begin to address the structural factors that underlie the weaknesses of human development in Africa. International support is focusing increasingly on efforts to address such threats to children as malaria, unsafe water and HIV/AIDS. However, the key opportunities for a major revival of the prospects for Africa's new generations reside in the combined efforts of Governments and wider society. Such alliances, including for the sustained delivery of basic services and the protection of children and women, will need to be anchored in accountable relationships between the State and citizen's organizations, for which freedom of information and wider access to technology will be important conditions. It is in such areas that, despite setbacks in political reform and economic performance in the late-1990s, the prospects for Africa's recovery are possibly most encouraging.

III. UNICEF response: maintaining priority for Africa

24. During the decade of the 1990s, UNICEF has responded to the organizational priority for Africa by strengthening its deployment of key resources. Staff numbers in sub-Saharan Africa rose rapidly after 1990 and peaked in 1995 at 42 per cent of total staff. In 1998, some 2,620 UNICEF staff were working in sub-Saharan Africa, compared to a total of 1,535 in 1990. The numbers in 1998 comprised 37 per cent of all UNICEF staff, compared to 32 per cent at the beginning of the decade. In 1998, these numbers included 28 per cent of the organization's international Professional staff, 40 per cent of the national officers and 38 per cent of the General Service staff.

25. Under the modified system for allocation of available general resources approved in 1997 (E/ICEF/1997/12/Rev.1, decision 1997/18), the share of the two sub-Saharan Africa regions in total general resources allocated to country programmes rose to 40.2 per cent in 1999, and is projected to increase further to 45.8 per cent by 2002. This compares with an average of 37 per cent of general resources in the period 1990–1998, with significant fluctuations throughout that period. The revised formula will place general resources allocations to Africa on a more consistent, as well as rising, basis.

26. In the first annual allocation of the 7 per cent of available general resources for programmes set aside for special allocation by the Executive Director, as per Executive Board decision 1997/18, the focus on Africa as the region of greatest need and priority was further reinforced. Some 65 per cent of the allocation from the set-aside was directed to programmes in sub-Saharan African countries, particularly for accelerated efforts in immunization, control of HIV/AIDS and malaria, and guinea worm eradication.

27. In agreement with funding partners, during 1997-1999, supplementary funds were allocated on a multi-country basis for a range of priority areas in sub-Saharan Africa, including for the eradication of guinea worm and polio, the elimination of iodine deficiencies, girls' education and the reduction of child labour. However, the direct availability of supplementary funds for country programme budgets approved by the Executive Board remains highly uneven among countries, and among programme areas within overall country cooperation.

A. UNICEF programme priorities in sub-Saharan Africa

28. The two UNICEF regions in sub-Saharan Africa have established clear sets of overall priorities for UNICEF work, within the scope and period of the current MTP. These have emerged from the reality of the trends affecting children and their rights at the country level, and will be adopted, in appropriate ways, through the country programming process in a majority of cases in each region. They will be the subject of intensive regional efforts, including resource allocation, multi-country fund-raising, regional office technical support, evaluation and monitoring. These regional priorities are intended to respond to the complex challenges for children's and women's rights in sub-Saharan Africa in a strategic manner, taking into account the most urgent needs, the underlying causes and UNICEF comparative advantage. This will continue to be based on an analysis of the factors affecting the realization of children's and women's rights, and of priority actions, in each country context.

29. In west and central Africa, the highest regional priority is given to the survival of children and improvements in child and maternal health, centred around the strategy of the Bamako Initiative for the revitalization of health systems and community participation. Immunization, vitamin A supplementation, safe motherhood, guinea worm eradication and local participation activities are major components of the Initiative. Regional strategies have been developed for the reduction of maternal and neonatal mortality, and will be supported in some 13 countries in collaboration with the World Health Organization (WHO) and the United Nations Population Fund if supplementary funding is secured. Activities for improved emergency obstetric care have been piloted in six countries. Advocacy, in alliance with national media, will promote increased commitment to maternal and child mortality reduction across the region.

30. The second major priority in west and central Africa will be the continuation of efforts to improve access to good quality basic education, especially for girls. Major achievements have been registered in specific areas in individual countries, such as the training of teachers, the establishment of school committees, textbook revision and provision, incentive schemes for the recruitment of female teachers, the training of educators on gender issues, social mobilization and policy development. These will be built upon and extended, with support from funding partners, and further attention will be given to improving quality and reducing drop-out rates. Innovative and non-formal methods of extending education opportunities will be sought, often as a bridge to formal systems. Work in these areas will be pursued throughout sub-Saharan Africa as part of the African Girls Education Initiative.

31. In eastern and southern Africa, many country programmes are now being reoriented to give highest priority to meeting the challenge of controlling HIV/AIDS, as a primary threat to securing human rights, and to assisting children and women affected both directly and indirectly. The second area of major priority in this region will be intensified efforts by UNICEF to support Governments and other stakeholders in the control of malaria as part of the "Roll Back Malaria" alliance of international partners. Each of these priority areas will provide close links to the reduction of maternal deaths.

32. Bringing the HIV/AIDS pandemic under control will be essential to the effectiveness of other key interventions for disease control, the reduction of malnutrition, and securing rights to basic education and protection. Based on an assessment of the impact of HIV/AIDS on children and of UNICEF comparative advantage within the framework of the UNAIDS alliance and country-level United Nations theme groups, the organization will focus its efforts in sub-Saharan Africa in five areas: prevention of HIV transmission among young people through broadly-based mobilization, communication and life skills education efforts in school and community settings; reduction of transmission from mothers to babies involving, in about a dozen countries, the provision of a minimum package of services to pregnant women, including voluntary and confidential counselling and testing, access to short-course drugs and support for informed choices in infant feeding; high-level advocacy for political action, including the mobilization of mass media, the dissemination of available data, contacts with policy makers and alliances with UNAIDS partners; advocacy and, where necessary, technical support for public safety nets and community-led programmes to ensure care and guaranteed access to basic services for orphans and children living in families affected by HIV/AIDS; and assistance to UNICEF staff members themselves through information, counselling and other forms of support.

33. Efforts in these areas were intensified in eastern and southern Africa and parts of west and central Africa in late 1998 with the preparation of pilot initiatives to reduce mother-to-child transmission of HIV in several countries with the support of funds from the United Nations Foundation. At the regional level, funds will be sought to support the acceleration of HIV/AIDS education in schools and to assess options for replacement feeding linked to the reduction of mother-to-child transmission. Efforts will be made to engage religious, private sector and regional

organizations in actions to address the pandemic. Training in the design of programme interventions and advocacy to meet the challenge of HIV/AIDS will be held during 1999 for UNICEF senior staff in Africa.

34. It is fully recognized that HIV/AIDS, like malaria, is a problem directly threatening children's rights, which requires solutions based in processes of social change as well as in science and technical interventions. These processes will need to involve community-level analysis of the problem and will require the mobilization of facilitators and capacity-building for local action. The approach to external support in these areas will not be standard, and its design will need to carefully reflect and respond to local needs and perceptions.

35. With regard to the control of malaria, there is a more proven range of potential community-based actions, although the complexity of putting them in place on a sustained basis must also not be underestimated. Actions in eastern and southern Africa, for which further resources are being sought, include: the supply of impregnated bednets; building systems for bednet distribution and re-treatment; the training of health workers for improved case management; the study of drug resistance; and support to policy development and community mobilization. In west and central Africa, improved case management and community actions for malaria control will be supported under the Bamako Initiative.

36. A further priority for UNICEF in all parts of Africa will be to fully integrate preparedness and response to situations of instability and crisis in the regular country programming process. This is already being pursued in countries such as Burundi, Liberia and Somalia. Over the next few years, efforts for integration will include capacity-building among UNICEF staff to be able to meet a set of core organizational commitments in conditions of conflict to support the rights of children and women to basic services and protection.

37. Further support and advocacy will be needed for the demobilization and return to families and schools of child soldiers, and to raise awareness of the dangers of landmines and the trade in small arms. Support during and after conflict will continue to be provided for the care and counselling of unaccompanied children; family tracing and reunification; and the restoration of basic services, including education. UNICEF will remain active in all these areas, but its actions in response to crisis will need to be more predictable and systematic. They will also need to form part of longer-run efforts, within regular programme cooperation, to assist countries in restoring the social fabric, where this has been torn by conflict; to improve emergency assessment and preparedness planning; and to promote attitudes, practices and social institutions which recognize and protect the rights of children and women in all situations. Further areas in which these approaches will be needed include the prevention of child trafficking, drug abuse among young people and exploitative child labour. More broadly, UNICEF will seek to promote the respect of children's rights as a lever for building a stronger ethic for peace and reconciliation in societies recovering from the trauma of war.

38. Among the other programme priorities which form part of the MTP, attention will be given to the piloting of integrated approaches to the management of childhood illnesses in some 20 countries in sub-Saharan Africa. This will include health system interventions, communication for improved home care, case management training and planning for the availability of essential drugs. Linked to this, pilot efforts will be made to improve home and community care practices for the survival, growth and development of very young children in selected countries, including the Côte d'Ivoire, the Gambia, Malawi and Namibia, and partnerships will be extended in this area with the World Bank. Sustaining immunization coverage, vitamin A supplementation in high-risk areas and the consumption of iodized salt, as well as support to breastfeeding and the reduction of maternal mortality, will all receive widespread support through country programmes. The Vaccine Independence Initiative, which has had some success in achieving a more sustained supply of vaccines in the Sahel, will be gradually extended. In the short-term, priority will also need to be given to measles control, polio eradication and the replacement of depreciated cold-chain equipment. In water and sanitation, the focus of UNICEF cooperation will continue to shift to support of improved hygiene practices, the testing of lower-cost technologies, the development of policies and partnerships, promoting the participation of women in community-based maintenance systems, and ensuring clean water and sanitation facilities in schools and health units. The challenging drive for guinea worm eradication will be continued, in close partnership with WHO, the United States Centers for Disease Control and Prevention, and the Global 2000 of the Carter Center.

39. UNICEF also will place increased emphasis on identifying the causes of major forms of violence against children and women, including female genital mutilation, and working with civic and women's groups, religious and community leaders to find solutions. Efforts to establish and improve laws, administrative codes and the work of institutions dealing with children's rights, including juvenile justice systems, will expand. Assistance to national partners

in assessing progress in implementing the articles and applying the principles of the Convention on the Rights of the Child and the Convention on the Elimination of all Forms of Discrimination against Women will be provided in appropriate forms in almost all African countries. UNICEF will also play a partnership role, as part of the concerned group of all United Nations agencies, in supporting national actions in the implementation of the Beijing Platform for Action.

B. Strategies and operational support for programme priorities in Africa

40. In support of these priorities in sub-Saharan Africa, and for other areas of priority within individual country programmes, UNICEF will develop, promote and utilize a combination of strategies. Drawing on experience from the 1990s, these will be based explicitly on a human rights perspective to cooperation and will stress the recognition of people who are poor, including children, as the key actors in their own development. Emphasis will be given to capacity- building, to enable and encourage communities to assess, analyse and take action, supported by Governments, in order to: reverse the AIDS pandemic; address its consequences; roll back malaria in the village or urban neighbourhood; and help secure good quality basic health services, primary education, clean water, environmental care and child protection.

41. These strategies of support will call for the construction of a broader range of effective partnerships among local, civil society, private, non-government and women's organizations, in alliance with government agencies. Work with district and municipal authorities has also been a successful strategy for child-focused programming, and will be continued. UNICEF will complement these local-level efforts through advocacy, analysis, social mobilization and, where necessary, support to national policy development, including in the context of sector-wide approaches. These activities will aim to create a more enabling and often less discriminatory social, legal and institutional environment for children and women within which community initiatives can take place.

42. With the limited resources available, and with major challenges ahead for the realization of rights to basic services, cost-effective approaches will need to be pursued in all areas of intervention. UNICEF regional offices and management teams in Africa, as elsewhere, will have a key role to play in the identification and verification of such approaches through such mechanisms as budget reviews and programme evaluations. The dissemination of promising experiences, and support to African countries and regional partners in gaining access to key sources of information and expertise on policy development for children, will be a further key role of UNICEF. Regional training activities for UNICEF staff will place increased emphasis on integrated planning approaches and the strategic role of operations functions in support of programme priorities. Greater sharing of technical expertise and administrative capacity among UNICEF offices in Africa, and with United Nations partners, is now taking place. Programme quality monitoring systems have been introduced in both regions in sub-Saharan Africa, and a procurement unit has been established in South Africa.

43. Monitoring of progress in key areas of outcome for Africa's children will take place through a series of end-decade surveys. In some cases, they will form part of wider national household survey exercises. In other cases, a second round of multiple indicator cluster surveys (MICS) is likely to be needed. In a number of sub-Saharan African countries lacking national data collection systems, these surveys, held initially at the mid-decade, provide virtually the sole source of social and household information. Additional indicators will be built into the new series of MICS, to be held in 1999-2000, to reflect new priorities and opportunities. In addition, a goal against which progress in the fight against HIV/AIDS can be readily measured will be established, possibly relating to the reduction of new infections among teenage girls.

44. Research and evaluation priorities for UNICEF in sub-Saharan Africa will also reflect the major priorities. Many of these will be pursued through periodic situation assessment and analysis of children's and women's rights, and in the context of MTRs. In particular, studies of knowledge, attitudes and practices regarding the causes and treatment of malaria will be extended following the striking results of the study in Zanzibar (reported to the Executive Board in document E/ICEF/1998/P/L.1). In collaboration with WHO, support will be given to training for controlled trials on decision-making for the use of anti-malarial drugs. Meanwhile, an evaluation will be held in 1999 of the regional Sara Communication Initiative, which incorporates support for AIDS awareness among older children.

IV. Strengthening partnerships and responsibility for children's rights in Africa

A. UNICEF partnerships

45. As discussed throughout the present report, effectiveness in partnerships will be an essential aspect of short-term and sustainable development outcomes for Africa's children, both as a means of maximizing resources and to strengthen the platform for coordinated action. The UNICEF contribution to renewed human development in Africa has been pursued through a combination of partnerships anchored in country programmes of cooperation and alliances based around key issues for global and regional advocacy, such as the banning of landmines, the elimination of exploitative child labour, the reduction of violence against women, and the prioritization of donor and government budgets towards basic services. This approach will be continued with national partners, global allies and African regional organizations, such as OAU and the Federation of African Women Educationalists, as well as with the Save the Children Alliance, particularly on issues related to the Convention on the Rights of the Child, and with the Inter-African Committee on the Elimination of Harmful Traditional Practices on the issue of violence against women and girls.

46. The deteriorating socio-economic situation of the continent has been a constant preoccupation for the United Nations in recent years. Initiatives to address this, in which UNICEF has participated, have included the United Nations Programme of Action for African Economic Recovery and Development and its successor, the United Nations New Agenda for the Development of Africa in the 1990s. UNICEF continues to cooperate with the World Bank, WHO, the United Nations Educational, Scientific and Cultural Organization (UNESCO), the United Nations Development Programme and others in key areas of activity of the United Nations System-wide Special Initiative on Africa, launched in 1996. Efforts in basic education, for example, aim to concentrate inter-agency efforts to help improve the situation of 16 sub-Saharan African countries with very low primary school enrolment rates through the development of sector investment programmes. UNICEF is working closely with UNESCO and the World Bank in this initiative for Low Enrolment Countries and is providing advice to the design process, including for components related to the education of girls. African leadership of the Special Initiative on Africa has been registered by the adoption by ministers of health of the framework for health sector reform, and by education ministers through the Association for the Development of Education in Africa. However, the Initiative is constrained by weaknesses in country-level implementation and the lack of additional resources. Recent efforts by coalitions of international agencies, including UNICEF, to generate support for accelerated efforts by African countries to combat HIV/AIDS and malaria are expected to provide new impetus. The increasing adoption of the United Nations Development Assistance Framework and related mechanisms, such as United Nations country theme groups, will support the effective collaboration of United Nations agencies for children's and women's rights and in priority areas for action such as these.

47. There are promising signs that bilateral aid donors may be increasing the priority given to Africa, creating further opportunities for partnerships. Emerging trends also suggest that more emphasis will be placed by both bilateral and multilateral agencies on longer-term and multisectoral as well as sector-wide approaches, and on interventions that assist countries in building capacity for sustained access to basic services among families which are poor and marginalized. These trends will create further opportunities for UNICEF to provide value-added in the social development process based, for example, on its experience in support of participatory, community-led approaches and its cross-sectoral focus on the survival and growth of children.

48. UNICEF has found a particular convergence of concerns with OAU on the anti-war agenda and issues of conflict resolution and humanitarian assistance directly relevant to children and women. This partnership has provided important opportunities for advocacy, particularly with African Heads of State at their annual summits. Following the adoption of an OAU resolution on the use of landmines in Africa in 1998, UNICEF advised on a campaign for a total ban on landmines in Africa and advocated for ratification of the Ottawa convention in a number of countries. OAU also passed in 1998 a resolution banning the use of children as soldiers, while collaboration with OAU enabled the relaxation of access restrictions for essential humanitarian supplies during the imposition of sanctions on Burundi. UNICEF contributed to the drafting of the plan of action for the African Decade for Education, launched by OAU in 1997, and will support its implementation. UNICEF is also giving increased priority to promoting the wider ratification of the African Charter on the Rights and Welfare of the Child. Meanwhile, work has continued with the Economic Commission for Africa in the

production of a series of analyses of social development trends in Africa. Cooperation with specific sectors of the Southern African Development Community has also been increased through support to policy design and capacity development in HIV/AIDS, sanitation and hygiene. Regular consultations with the African Development Bank (AfDB), and collaboration with AfDB-funded projects, such as in the health sector in Senegal, will be continued.

B. African leadership for children's rights

49. The strengthening of national administrative structures for the delivery of basic services will be a key element of development progress in many countries of sub-Saharan Africa. An end to conflict, accountable political systems, a fair and functioning judiciary, open debate on policies and high levels of participation of women and civil society will further support sustained economic growth and broad-based human development. They will also provide a basis for more effective action against the HIV/AIDS pandemic and its corrosive effects on children's rights. Responsibility will rest primarily with African leaders, Governments and civil society to work towards such conditions.

50. Over the last few decades, African countries which have given priority and consistent attention to investing in human development have tended to see the benefits of increased economic growth and, where these measures have been sustained, falling levels of household poverty. Recent reforms of health and education systems in countries such as Ethiopia, Ghana and Zambia, and initiatives to rapidly expand access to primary education in Malawi and Uganda, hold the promise of improved care, learning achievement and human development outcomes. Major efforts for awareness-raising and public education on HIV/AIDS have begun to make an impact in Uganda. However, such approaches are not yet sufficiently widespread in sub-Saharan Africa. The more general pattern remains that of declining levels of investment in basic services, with often dramatic shortages of funding at district and municipal levels.

51. The responsibilities adopted by State Parties to the Convention on the Rights of the Child are now widely recognized and understood. It seems not unreasonable to suggest that a lack, in many countries, of public action to address major shortfalls in the rights of children, such as the absence of primary school places and of protection from violence, and the failure to openly confront threats to life such as HIV/AIDS, are indications of inadequate political commitment to the realization of these rights. Furthermore, without a norm of peace and freedom from conflict, guaranteed by political will and underpinned by regional cooperation, the basis will not fully exist for ensuring that children's rights are protected and fulfilled.

52. None the less, Government and civil society in a number of countries are now working together to place greater emphasis on children's and women's rights. This has been reflected in the introduction of measures to combat female genital mutilation, new provisions on violence against women, increased attention to girls' education and revisions of the constitution or legal code. Recent children's acts adopted in several countries in sub-Saharan Africa have increased the legal age of responsibility of children and provided them with protective measures through juvenile courts. Enshrining the Convention on the Rights of the Child and the Convention on the Elimination of all Forms of Discrimination against Women in a comprehensive legal framework, combined with measures to improve the quality of, and access to education and health services, will provide a key part of the foundation for the realization of human rights.

C. Africa's partners in development

53. Although the central task of Africa's development rests primarily with its people and leaders, the international community bears a responsibility both to support the continent in its development efforts and to remove obstacles in the way of progress. With a changing focus which places greater emphasis on good government and stability, the potential exists for those countries which are reforming their political and social systems to achieve sustained growth with widespread benefits. For this to happen, Africa's partners must renew their support to the region and improve the global conditions for its development.

54. A first component of this renewed support must be a reversal in the decline in official development assistance (ODA). As a proportion of the output of industrialized countries, ODA now stands at less than one third of the target of 0.7 per cent of gross national product. The absolute amount of assistance has declined as well — by nearly 5 per cent per year since 1992. At a time when more sub-Saharan African countries are taking reform initiatives, opportunities are being missed for effective international support to this process.

55. Linked to the amount of ODA are the targeting and composition of assistance. The access of all people to basic education opportunities, health services and safe water is recognized as not only key to sustained human development and poverty alleviation, but, increasingly, as a normative

issue of human rights. Investment in such services is central to reducing the worst manifestations of poverty and breaking its vicious, inter-generational cycle. The 20/20 Initiative, agreed at the World Summit for Social Development in 1995, provides a framework for translating this need for increased resources into reality. With commitment and better targeting, including to strategies for national and local capacity-building, the contribution by both Governments and international partners to basic services could increase substantially in Africa.

56. Increasing ODA and targeting it better will be of limited benefit, however, if African countries continue to be saddled with large debt burdens. For every dollar that sub-Saharan Africa received in ODA in 1996, it paid out $1.31 in debt service. The external debt of African countries rose from $340 billion in 1996 to $349 billion in 1997, representing more than 200 per cent of annual exports. Spending on debt servicing is higher than that on basic services in a number of African countries, often by a wide margin. An example is Zambia, where average annual spending on education amounted to $82 million between 1993–1996 compared to some $335 million per year in debt payments.

57. A further component of renewed support to sub-Saharan Africa is to enable resources freed by debt relief to be allocated in favour of basic education, PHC, safe water and other poverty alleviation measures. The Heavily Indebted Poor Countries (HIPC) initiative, developed under the auspices of the International Monetary Fund (IMF) and the World Bank, aims to achieve sustainable levels of debt service by providing relief not only of the bilateral debt burden, but also of debt owed to international financial institutions. Two years after the launch of the initiative, however, only Uganda has actually benefited from relief. IMF and the World Bank recently decided to extend the HIPC initiative and to ease the criteria for inclusion. There remains an urgent need for these measures to be extended by granting deeper and earlier relief and to free additional national resources for human development. Support to local efforts to address the HIV/AIDS pandemic would be a priority use of such funds.

58. Africa's share of world trade continues to decline, shrinking to 1.9 per cent in 1997, reinforcing the continent's marginalization in the global economy. Although past experience has not been encouraging, renewed efforts are needed to diversify African economies, and both Governments and their international partners have important roles to play. Improving market access for Africa's exports and investing in business skills and access to information technology among students are relevant areas, which could involve the local private sector.

59. While the resolution of the conflicts affecting Africa is the primary responsibility of African leaders, the international community should not ignore the plight of millions of refugees and displaced people and the moral issues posed by suffering and insecurity on the continent. Political reform efforts can be facilitated through the building of experience among parliamentarians, civil servants, civic leaders, soldiers and police, including for practical measures to safeguard the rights of both children and women. The international community can assist with technical expertise and funds to encourage the development of democratic institutions, as seen in Mozambique and Namibia. The international ban on landmines needs to be fully enforced, while the proliferation of weapons needs to be stemmed and small arms everywhere kept out of the hands of children.

60. Lastly, the lessons of past experience, the trends towards sector-wide and more integrated approaches to development assistance, and the existence of a series of ratified international human rights conventions and world summit declarations from the 1990s place a responsibility on all development partners, including UNICEF, to achieve well coordinated efforts in support of the priorities and urgent needs of African countries. There is a greater potential for success when Government and partners have formed consensus on priorities, the strategies to address them and the most effective roles of different partners. The major areas of threat to the rights of African children and women described in the present report, including HIV/AIDS, malaria, conflict and the persistent weakness of public health and basic education systems, provide critical tests for effective and responsible partnerships in the years ahead.

V. Conclusion

61. The priority areas identified and being pursued for UNICEF work in sub-Saharan Africa in the period of the current MTP also provide a link to the proposed new agenda for children in the next decade, which will be based on human rights principles (see E/ICEF/1999/10 being submitted to the Executive Board at the present session). Conflict and insecurity, the weaknesses of institutions, low access to basic services, and the dramatic challenges of HIV/AIDS and malaria pose the greatest current threats to children's and women's rights and well-being. In many countries and local contexts, the greatest priority actions for UNICEF and partners will be, for the foreseeable future, to

ensure children's and women's survival. Conflict and HIV/AIDS are factors that intensify that priority for action, while making it clear that sustained improvements will only be achieved through strategies which address the deeper causes of childhood and maternal deaths and disadvantage.

62. At the same time, the basis for future recovery and sustained development must be laid through intensified and more effective efforts, by a dynamic range of partners, to invest in the capabilities of Africa's children. The priority given by UNICEF in Africa will be to support: the strengthening of basic health care systems for child and maternal survival; the access of all children, especially girls, to good quality basic education and learning opportunities; the strengthening of community capacity and practices for the protection of women and children; the promotion of non-violence, gender equity and post-conflict recovery; and the identification of viable approaches to improved family and community care for the survival and development of young children, including those affected by HIV/AIDS. All these provide building blocks for Africa's participation in a new era based on ethical principles and responsible partnerships, which place the rights of children and women first.